

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER(S) AND CERTIFICATION

Substitute Form W-9 Each person/organization doing business with the Commonwealth must provide the following information or be subject to backup withholding.

1 _____ AND/OR _____
Social Security Number Federal Identification Number

2 _____
Dun & Bradstreet Number

3 Is this form being completed for disbursement of grant funds? Y / N If yes, skip item 4

4 Provide a **general** description of goods/services to be sold to the Commonwealth: _____

0*	___ Other	6	___ Corporation	A*	___ Partnership
2	___ Federal Agency	7*	___ Sole Proprietor/Reportable Individual	B*	___ Estate
3	___ State Agency	8*	___ Medical Corporation	C*	___ Trust
4	___ Local Government	9	___ Non-Reportable Individual	D*	___ Limited Liability Company
5	___ Political Subdivision				

* Indicates vendor may be eligible to receive a form 1099

LEGAL NAME _____

TRADE NAME _____

Order Address _____

Contact Person _____ Telephone No. _____

E-mail Address _____ FAX No. _____

Remittance Address _____

Contact Person _____ Telephone No. _____

IS THIS BUSINESS: Minority Owned₁ Y / N Woman Owned₂ Y / N Small₃ Y / N

- 1) Business concern at least 51% owned by one or more minorities or in the case of a corporation, partnership or LLC or other entity, at least 51% of the equity ownership interest in which is owned by one or more minorities and whose management and daily business operations are controlled by one or more of such individuals. Such persons include, but are not limited to; African Americans, Hispanic Americans, Asian Americans, Native Americans, Eskimos, and Aleuts.
- 2) Business concern at least 51% owned by one or more women who are U.S. citizens or legal resident aliens, or in the case of a corporation, partnership or LLC or other entity, at least 51% of the equity ownership interest in which is owned by one or more women, and whose management and daily business operations are controlled by one or more such individuals.
- 3) An independently owned and operated business which, together with affiliates, has 250 or fewer employees, or average annual gross receipts of \$10 million or less averaged over the previous 3 years.

CERTIFICATION

Under penalties of perjury, I certify that:

1. The number(s) shown on this form is/are my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: [a] I am exempt from backup withholding, or [b] I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or [c] the IRS has notified me that I am no longer subject to backup withholding.

Certification Instructions - You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return.

Signature _____ Date _____